

**CITY OF BEAVER DAM, KENTUCKY
PERMIT TO DISCHARGE TO THE SANITARY SEWER
APPLICATION FORM**

Note: Please read all instructions before completing this application.

SECTION A: GENERAL INFORMATION

1. Facility Name: Nestaway
Operator's Name: _____

2. Facility Address:
Street: 985 West 7th Street
City: Beaver Dam State: KY Zip: 42320

3. Business Address:
Street or P.O. Box: 985 West 7th Street
City: Beaver Dam State: KY Zip: 42320

4. Designated signatory authority of the facility:
Name: Michael Anglin
Title: Plant Manager
Address: 985 West 7th Street
City: Beaver Dam State: KY Zip: 42320

Phone number: 270-274-3373

Note: The signatory authority is a person such as a president, vice-president, partner or director, or an individual authorized by such a person as having overall responsibility for environmental matters for the company as specified **in writing**.

5. Designated Facility Contact:

Name: Roger D. Maddox

Title: Inventory Manager

Phone number: 270-274-3373

Note: The designated facility contact is a person who is at the facility during normal working hours and is available to assist personnel or their representatives.

SECTION B: BUSINESS ACTIVITY

1. Indicate below if your facility employs or will be employing processes described by the following categories, even if they generate no wastewater, waste sludge, or hazardous wastes. Mark all that apply to your entire facility.

Industrial Categories

- ☐ Aluminum Forming
- ☐ Asbestos Manufacturing
- ☐ Battery Manufacturing
- ☐ Can Making
- ☐ Carbon Black
- ☐ Coal Mining
- ☐ Coal Coating
- ☐ Copper Forming
- ☐ Electric and Electronic Components Manufacturing

- ☐ Electroplating
- ☐ Feedlots
- ☐ Fertilizer Manufacturing
- ☐ Foundries (Metal Molding and Casting)
- ☐ Glass Manufacturing
- ☐ Grain Mills
- ☐ Inorganic Chemicals
- ☐ Iron and Steel
- ☐ Leather Tanning and Finishing

- ☒ Metal Finishing
- ☐ Nonferrous Metals Forming
- ☐ Nonferrous Metals Manufacturing
- ☐ Organic Chemicals Manufacturing
- ☐ Paint and Ink Formulating
- ☐ Paving and Roofing Manufacturing
- ☐ Pesticide Agricultural Refilling
- ☐ Pesticide Formulating, Packaging and Repackaging
- ☐ Pesticides Manufacturing
- ☐ Petroleum Refining
- ☐ Pharmaceutical
- ☐ Plastic and Synthetic Materials Manufacturing
- ☐ Plastics Processing Manufacturing
- ☐ Porcelain Enamel
- ☐ Pulp, Paper and Fiberboard Manufacturing
- ☐ Rubber
- ☐ Soap and Detergent Manufacturing
- ☐ Steam Electric
- ☐ Sugar Processing
- ☐ Textile Mills
- ☐ Timber Products

Note: A facility with processes included in these business areas **may be** covered by Environmental Protection Agency's (EPA) categorical pretreatment standards and may be determined a "categorical user."

2. Give a brief description of all operations at this facility, including primary products or services (attach additional sheets if necessary):

- a. Primary products and/or services.

Wire Products

- b. Brief description of all operations at this facility. (Use another sheet if needed)

The manufacturing process includes wire cutting, welding, forming, cleaning and coating.

3. Indicate applicable Standard Industrial Classification (SIC) Codes for all processes. If more than one applies, list in descending order of importance:

a. 3496 e. _____
b. _____ f. _____
c. _____ g. _____
d. _____ h. _____

4. Product Volume:

| PRODUCT PRODUCED OR SERVICE PROVIDED | PAST CALENDAR YEAR | | ESTIMATE THIS CALENDAR YEAR | |
|--|-----------------------|---------|--------------------------------|---------|
| | Average | Maximum | Average | Maximum |
| 1. <u>Wire Baskets</u> | <u>782000</u> | _____ | <u>782000</u> | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |

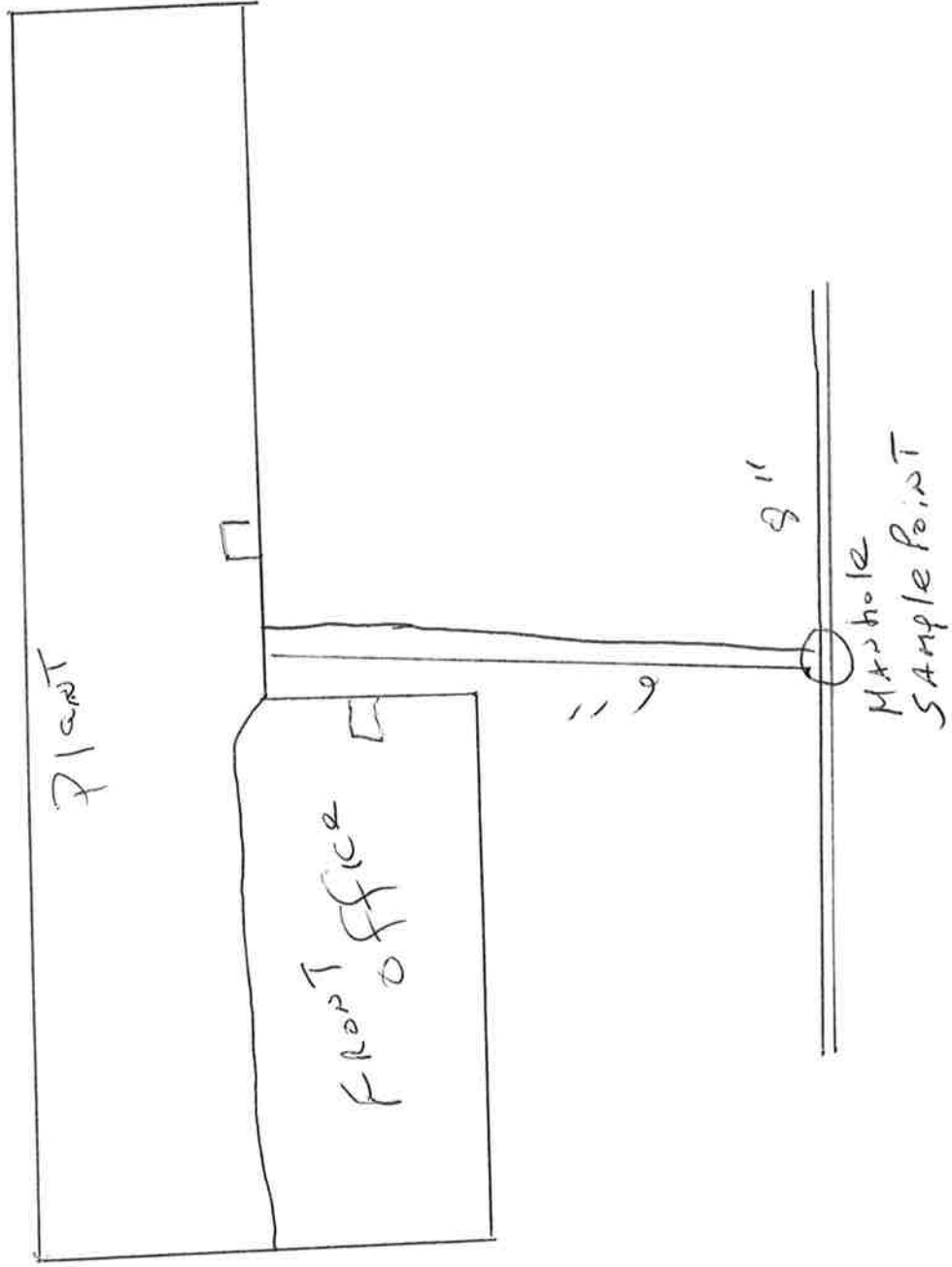
(Attach additional sheets if needed)

SECTION C: WATER SUPPLY

- 1 List average water usage on premises (new facilities may estimate):

| Type | Average Water Usage (GPD) | Estimated (E) or Measured (M) |
|------------------------------|------------------------------|----------------------------------|
| a. Contact cooling water | <u>0</u> | <u>E</u> |
| b. Non-contact cooling water | <u>0</u> | <u>E</u> |
| c. Boiler Feed/blow-down | <u>0</u> | <u>E</u> |
| d. Process | <u>50,000</u> | <u>E</u> |
| e. Sanitary (25 gal/person) | <u>3000</u> | <u>E</u> |
| f. Air pollution control | <u>0</u> | <u>E</u> |

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| | | | |
|----|------------------------------|-------------------|----------|
| g. | Contained in product | <u>0</u> | <u>E</u> |
| h. | Plant and equipment washdown | <u>Negligible</u> | <u>E</u> |
| i. | Irrigation and lawn watering | <u>0</u> | <u>E</u> |
| j. | Other: _____ | _____ | <u>E</u> |
| k. | TOTAL of a-j | <u>53,000</u> | <u>E</u> |

SECTION D: SEWER INFORMATION

- 1 List size, descriptive location and flow of each wastewater line connected to the City's sewer system (if more than four, attach additional information on another sheet):

| Line Size (in inches) | Location of Sewer Connection or Discharge Point | Flow (GPD) |
|-----------------------|--|--------------|
| <u>6 inches</u> | <u>at road in front of bldg</u> | <u>53000</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

SECTION E: WASTEWATER DISCHARGE INFORMATION

Note: New facilities may estimate flows in this section.

1. Does (or will) this facility discharge any wastewater other than domestic wastes (from restrooms) to the City sewer?

[X] Yes: complete the remainder of this application.
[] No: proceed to Section I.

2. Provide the following information on wastewater flow rate:

- a. Hours/day discharge occurs:

M 16 T 16 W 16 T 16 F 16

Sat 8 Sun 0

- b. Hours of discharge (ex.- 9 am - 5 p.m.): Primarily 7 am to 12 pm

M 5am-2am T 5am to 2 am W 5am to 2 am T 5am to 2am F 7-12

Sat _____ Sun _____

- c. Peak hourly flow rate (gallons/hour): 35
d. Maximum daily flow rate (gallons/day): 65,000
e. Annual daily average (gallons/day): 55,000

3. If batch discharge occurs or will occur, indicate:

Alkaline tank is discharged after 80 hours of process time

- a. Number of batch discharges per day: 1
b. Average volume of batch (gallons): 2 rinse tanks @ 1200 gal each
c. Expected time(s) of discharge: 3rd shift
d. Flow rate (gallons/minute): 25
e. Percent of total industrial discharge: 3%

4. Schematic Flow Diagram- Provide a flow chart of all industrial processes conducted in the facility. Show the pathways of all materials, products, wastes and wastewater from the start of the activities to their completion. Include the average daily volume and maximum daily volume of each wastestream. If estimates are used for flow data, this must be indicated. Number each process having wastewater discharges to the city sewer. Use these numbers in the building layout in Section H. This drawing should be certified by a qualified, authorized representative.

Note: Facilities that checked activities in question 1 of Section B may be considered Categorical Industrial Users and should skip to question 6.

5. For Non-Categorical Users only: Provide the wastewater discharge flows and type of discharge (batch, continuous, or both) for each plant process. Include the reference number from the flow chart that corresponds to each process.

| Ref. No. | Process Description | Average Flow (GPD) | Maximum Flow (GPD) | Type of Discharge |
|----------|---------------------|--------------------|--------------------|-------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

ANSWER QUESTIONS 6 AND 7 ONLY IF YOU MAY BE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS

6. For Categorical Users: Provide the wastewater discharge flows and type (continuous, batch or both) for each process. Include the reference number from the flow chart that corresponds to each process.

| Ref. No. | Categorical Process | Average Flow (GPD) | Maximum Flow (GPD) | Type of discharge |
|----------|--------------------------|--------------------|--------------------|-------------------|
| _____ | Hot Water Rinse Overflow | 5800 | 11600 | Continuous |
| _____ | Rinse Tank Dump | 2,400 | 2,400 | Continuous |
| _____ | Alkaline Cleaner Dump | 2,200 | 2,200 | Batch |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

| Ref. No. | Non-Categorical Description | Average Flow (GPD) | Maximum Flow (GPD) | Type of Discharge |
|----------|-----------------------------|--------------------|--------------------|-------------------|
| _____ | Sanitary Sewer | 3000 | 3000 | Continuous |
| _____ | _____ | _____ | _____ | _____ |

7. For Categorical Users subject to Total Toxic Organic (TTO) requirements, see page 11, Section F, numbers 1 - 110 for TTO parameters), please provide the following information:

- a. Does (or will) this facility use any of the toxic organics that are listed under the categorical pretreatment standards published by the EPA?

☐ Yes ☒ No

- b. Has a report been submitted (such as a Baseline Monitoring Report) that indicates TTO concentrations present in the water?

☐ Yes ☒ No

- c. Has a Toxic Organic Management Plan (TOMP) been developed?

☒ Yes ☐ No

If yes, submit a copy along with this application.

8. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current: Flow Metering ☐ Yes ☒ No
 Sampling Equipment ☐ Yes ☒ No

Planned: Flow Metering ☐ Yes ☒ No
 Sampling Equipment ☐ Yes ☒ No

Please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

9. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

☐ Yes ☒ No (if no, skip question 10)

If yes, briefly describe these changes :

10. Are any materials or water reclamation systems in use or planned?

☐ Yes ☒ No

If yes, briefly describe recovery processes, substances recovered, percent recovery, and the concentration in the spent solutions. Refer to the process flow chart:

SECTION F: CHARACTERISTICS OF DISCHARGE

The tables in this section are for determining what pollutants are associated with your facility's wastewater. If you currently hold a permit and are renewing it with this application, provide the requested information on all parameters for which monitoring has been performed in the past three years. For all other pollutants, indicate whether they are

Industry: _____ Nestaway _____
Date of Application: __01/23/2008__

known to be present (P), suspected to be present (S), or known to be absent (O). DO NOT LEAVE BLANKS!

If you are applying for a permit for the first time, indicate P, S, or O (see above) in the following tables.

Total Toxic Organics (TTO's), 40 CFR Part 122, Table II
(includes Volatiles, Base Neutrals, Acid Extractibles, and Pesticides)

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| Pollutant (Outfall Number) | Detection Level Used | Maximum Daily Value | | Maximum Daily Value | | Average of Analyses | | Average of Analyses | | Number of Analyses | Units | Units |
|----------------------------|----------------------|---------------------|------|---------------------|------|---------------------|------|---------------------|------|--------------------|-------|-------|
| | | Conc. | Mass | Conc. | Mass | Conc. | Mass | Conc. | Mass | | | |
| Acenaphthene | | | | | | | | | | | | |
| Acrolein | | O | | | | | | | | | | Mass |
| Acrylonitrile | | O | | | | | | | | | | |
| Benzene | | O | | | | | | | | | | |
| Benzidine | | O | | | | | | | | | | |
| Carbon Tetrachloride | | O | | | | | | | | | | |
| Chlorobenzene | | O | | | | | | | | | | |
| 1,2,4-Trichlorobenzene | | O | | | | | | | | | | |
| Hexachlorobenzene | | O | | | | | | | | | | |
| 1,2-Dichloroethane | | O | | | | | | | | | | |
| 1,1,1-Trichloroethane | | O | | | | | | | | | | |
| Hexachloroethane | | O | | | | | | | | | | |
| 1,1-Dichloroethane | | O | | | | | | | | | | |
| 1,1,2-Trichloroethane | | O | | | | | | | | | | |
| 1,1,2,2-Tetrachloroethane | | O | | | | | | | | | | |
| Chloroethane | | O | | | | | | | | | | |
| Bis(2-chloroethyl)ether | | O | | | | | | | | | | |
| 2-Chloroethyl vinyl ether | | O | | | | | | | | | | |
| 2-Chloronaphthalene | | O | | | | | | | | | | |
| 2,4,6-Trichlorophenol | | O | | | | | | | | | | |
| Parachlorometa cresol | | O | | | | | | | | | | |
| Chloroform | | O | | | | | | | | | | |
| 2-Chlorophenol | | O | | | | | | | | | | |
| 1,2-Dichlorobenzene | | O | | | | | | | | | | |

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| | | | | | | | | | |
|----------------------------|--|---|--|--|--|--|--|--|--|
| 1,3-Dichlorobenzene | | O | | | | | | | |
| 1,4-Dichlorobenzene | | O | | | | | | | |
| 3,3-Dichlorobenzidine | | O | | | | | | | |
| 1,1-Dichloroethylene | | O | | | | | | | |
| 1,2-Trans-dichloroethylene | | O | | | | | | | |
| 2,4-Dichlorophenol | | O | | | | | | | |
| 1,2-Dichloropropane | | O | | | | | | | |
| 1,2-Dichloropropylene | | O | | | | | | | |
| 1,3-Dichloropropylene | | O | | | | | | | |
| 2,4-Dimethylphenol | | O | | | | | | | |

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| Pollutant | Detection Level Used | Maximum Daily Value | Maximum Daily Value | Average of Analyses | Average of Analyses | Number of Analyses | Units | Units |
|---------------------------------------|----------------------|---------------------|---------------------|---------------------|---------------------|--------------------|-------|-------|
| | | Conc. | Mass | Conc. | Mass | | Conc. | Mass |
| 2,4-Dinitrotoluene | | 0 | | | | | | |
| 2,6-Dinitrotoluene | | 0 | | | | | | |
| 1,2-Diphenylhydrazine (as Azobenzene) | | 0 | | | | | | |
| Ethylbenzene | | 0 | | | | | | |
| Fluoranthene | | 0 | | | | | | |
| 4-Chlorophenyl phenyl ether | | 0 | | | | | | |
| 4-Bromophenyl phenyl ether | | 0 | | | | | | |
| Bis(2-chloroisopropyl)ether | | 0 | | | | | | |
| Bis(2-chloroethoxy) methane | | 0 | | | | | | |
| Methylene chloride | | 0 | | | | | | |
| Methyl chloride | | 0 | | | | | | |
| Methyl bromide | | 0 | | | | | | |
| Bromoform | | 0 | | | | | | |
| Dichlorobromomethane | | 0 | | | | | | |
| Chlorodibromomethane | | 0 | | | | | | |
| Hexachlorobutadiene | | 0 | | | | | | |
| Hexachlorocyclopentadiene | | 0 | | | | | | |
| Isophorone | | 0 | | | | | | |

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| | | | | | | | | | | |
|----------------------------|--|---|--|--|--|--|--|--|--|--|
| Naphthalene | | O | | | | | | | | |
| Nitrobenzene | | O | | | | | | | | |
| 2-Nitrophenol | | O | | | | | | | | |
| 4-Nitrophenol | | O | | | | | | | | |
| 2,4-Dinitrophenol | | O | | | | | | | | |
| 4,6-Dinitro-o-cresol | | O | | | | | | | | |
| N-nitrosodimethylamine | | O | | | | | | | | |
| N-nitrosodiphenylamine | | O | | | | | | | | |
| N-nitrosodi-n-propylamine | | O | | | | | | | | |
| Pentachlorophenol | | O | | | | | | | | |
| Phenol | | O | | | | | | | | |
| Bis(2-ethylhexyl)phthalate | | O | | | | | | | | |
| Butyl benzyl phthalate | | O | | | | | | | | |
| Di-n-butyl phthalate | | O | | | | | | | | |
| Di-n-octyl phthalate | | O | | | | | | | | |

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| Pollutant | Detection Level Used | Maximum Daily Value Conc. | Maximum Daily Value Mass | Average of Analyses Conc. | Average of Analyses Mass | Number of Analyses | Units Conc. | Units Mass |
|------------------------|----------------------|---------------------------|--------------------------|---------------------------|--------------------------|--------------------|-------------|------------|
| Diethyl phthalate | | 0 | | | | | | |
| Dimethyl phthalate | | 0 | | | | | | |
| Benzo(a)anthracene | | 0 | | | | | | |
| Benzo(a)pyrene | | 0 | | | | | | |
| 3,4-Benzofluoranthene | | 0 | | | | | | |
| Benzo(k)fluoranthene | | 0 | | | | | | |
| Chrysene | | 0 | | | | | | |
| Acenaphthylene | | 0 | | | | | | |
| Anthracene | | 0 | | | | | | |
| Benzo(ghi)perylene | | 0 | | | | | | |
| Fluorene | | 0 | | | | | | |
| Phenanthrene | | 0 | | | | | | |
| Dibenzo(a,h)anthracene | | 0 | | | | | | |
| Ideno(1,2,3-cd)pyrene | | 0 | | | | | | |
| Pyrene | | 0 | | | | | | |
| Tetrachloroethylene | | 0 | | | | | | |
| Toluene | | 0 | | | | | | |
| Trichloroethylene | | 0 | | | | | | |
| Vinyl Chloride | | 0 | | | | | | |
| Aldrin | | 0 | | | | | | |
| Dieldrin | | 0 | | | | | | |
| Chlordane | | 0 | | | | | | |

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| | | | | | | | | | |
|---------------------|--|-----------------------|--|--|--|--|--|--|--|
| 4,4'-DDT | | <input type="radio"/> | | | | | | | |
| 4,4'-DDE | | <input type="radio"/> | | | | | | | |
| 4,4'-DDD | | <input type="radio"/> | | | | | | | |
| alpha-endosulfan | | <input type="radio"/> | | | | | | | |
| Beta-endosulfan | | <input type="radio"/> | | | | | | | |
| Endosulfan sulfate | | <input type="radio"/> | | | | | | | |
| Endrin | | <input type="radio"/> | | | | | | | |
| Endrin aldehyde | | <input type="radio"/> | | | | | | | |
| Heptachlor | | <input type="radio"/> | | | | | | | |
| Heptachloro epoxide | | <input type="radio"/> | | | | | | | |
| Alpha-BHC | | <input type="radio"/> | | | | | | | |
| Beta-BHC | | <input type="radio"/> | | | | | | | |
| Gamma-BHC | | <input type="radio"/> | | | | | | | |
| Delta-BHC | | <input type="radio"/> | | | | | | | |

Industry: _____ Nestaway _____

Date of Application: __01/23/2008__

| Pollutant | Detection Level Used | Maximum Daily Value | Maximum Daily Value | Average of Analyses | Average of Analyses | Number of Analyses | Units | Units |
|-----------------------------------|----------------------|---------------------|---------------------|---------------------|---------------------|--------------------|-------|-------|
| | | Conc. | Mass | Conc. | Mass | | Conc. | Mass |
| PCB-1242 | | O | | | | | | |
| PCB-1254 | | O | | | | | | |
| PCB-1221 | | O | | | | | | |
| PCB-1232 | | O | | | | | | |
| PCB-1248 | | O | | | | | | |
| PCB-1260 | | O | | | | | | |
| PCB-1016 | | O | | | | | | |
| Toxaphene | | O | | | | | | |
| 2,3,7,8-TCDD | | O | | | | | | |
| Asbestos | | O | | | | | | |
| pH | | P | | | | | | |
| Biochemical Oxygen Demand (5-day) | | P | | | | | | |
| Chemical Oxygen Demand | | P | | | | | | |
| Chlorides, Total | | P | | | | | | |
| Chlorine, Total Residual | | P | | | | | | |
| Flouride | | P | | | | | | |
| Magnesium, Total | | P | | | | | | |
| Ammonia (as N) | | P | | | | | | |
| Oil and Grease | | P | | | | | | |
| Total Suspended Solids | | P | | | | | | |

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| | | | | | | | |
|----------------------------|---|--|--|--|--|--|--|
| Total Organic Carbon | P | | | | | | |
| Kjeldahl N | P | | | | | | |
| Nitrate + Nitrite (as N) | P | | | | | | |
| Total Organic N | P | | | | | | |
| Phosphorous (as P) | O | | | | | | |
| Sulfate (SO ₄) | P | | | | | | |
| Sulfide(S) | P | | | | | | |
| Sulfite (SO ₃) | P | | | | | | |
| Temperature (Winter) | P | | | | | | |
| Temperature (Summer) | P | | | | | | |
| Color, ADMI | | | | | | | |

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Date of Application: __01/23/2008__

| Pollutant | Detection Level Used | Maximum Daily Value | Maximum Daily Value | Average of Analyses | Average of Analyses | Number of Analyses | Units | Units |
|------------------|----------------------|---------------------|---------------------|---------------------|---------------------|--------------------|-------|-------|
| | | Conc. | Mass | Conc. | Mass | | Conc. | Mass |
| Antimony, Total | | P | | | | | | |
| Arsenic, Total | | P | | | | | | |
| Barium, Total | | P | | | | | | |
| Beryllium, Total | | P | | | | | | |
| Cadmium, Total | | 0.001 mg/l | | | | | | |
| Chromium, Total | | 0.005 mg/l | | | | | | |
| Copper, Total | | 0.114 mg/l | | | | | | |
| Cyanide, Total | | 0.007 mg/l | | | | | | |
| Lead, Total | | 0.003 mg/l | | | | | | |
| Mercury, Total | | 0.0001 mg/l | | | | | | |
| Nickel, Total | | 0.007 mg/l | | | | | | |
| Selenium, Total | | P | | | | | | |
| Silver, Total | | 0.002 mg/l | | | | | | |
| Thallium, Total | | O | | | | | | |
| Zinc, Total | | 0.691 mg/l | | | | | | |

3. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Include estimated completion dates.

NA

4. Do you have a treatment operator? ☐ Yes ☒ No

If yes, complete the following:

Name: _____

Title: _____

Phone number: _____

Full time (specify hours): _____

Part time (specify hours): _____

5. Do you have manual on the correct operation of your treatment equipment?

☐ Yes ☐ No NA

6. Do you have a written maintenance schedule for your treatment equipment?

☐ Yes ☐ No NA

SECTION H: FACILITY OPERATIONAL CHARACTERISTICS

1. Shift information:

| | | | | | | | |
|---------------------------|--|--|--|--|--|--|-------------------------------|
| Work Days: | <input checked="" type="checkbox"/> Mon. | <input checked="" type="checkbox"/> Tue. | <input checked="" type="checkbox"/> Wed. | <input checked="" type="checkbox"/> Thu. | <input checked="" type="checkbox"/> Fri. | <input checked="" type="checkbox"/> Sat. | <input type="checkbox"/> Sun. |
| Employees per shift: | 1st <u>64</u> | <u>64</u> | <u>64</u> | <u>64</u> | <u>64</u> | <u>64</u> | <u>64</u> |
| | 2nd <u>54</u> | <u>54</u> | <u>54</u> | <u>54</u> | <u>54</u> | <u>54</u> | <u>54</u> |
| | 3rd <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Shift start and end times | 1st <u>7am</u> | | | | | | |
| | 2nd <u>3:30 pm</u> | | | | | | |
| | 3rd <u>12pm</u> | | | | | | |

2. Indicate whether the business activity is:

☒ Continuous through the year, or

☐ Seasonal- explain: _____

3. Indicate whether the facility discharge is:

☒ Continuous through the year, or

☐ Seasonal- explain: _____

4. Do your industrial processes shut down for vacation, maintenance or other reason?

☒ Yes ☐ No

If yes, explain: maintenance

5. List types and amounts (mass or volume per day) of raw materials used or planned for use (attach sheets if necessary):

Steel Wire, diacetone alcohol, zinc phosphate

Lubricating and hydraulic oils, powder coatings, alkaline cleaners